

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039775

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5596

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 4 1963

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Length of stay in 1b 57 yrs.		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4310 E. 10th St.		d. STREET ADDRESS (If outside, give location) 4310 E. 10th St.	
Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First EMMA Middle MAE Last BEAVER		4. DATE OF DEATH Month October Day 15 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-8-1905
9. AGE (last birthday) 58	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) NEW YORK USA		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME James Hackett		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE John J. Beaver		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address K. C. Mo. John J. Beaver, 4310 E. 10th St.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Aneurysm due to blood vessel DUE TO (c) Chronic laryngeal carcinoma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes, ASAD, massive obesity		INTERVAL BETWEEN ONSET AND DEATH 4 days 6 mo unrel.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		21. I attended the deceased from 9/20/62 to 10/15/63 and last saw her alive on 10/12/63 Death occurred at 9:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Selbert G. Chen		22b. ADDRESS 4601 Independence Ave, K.C., Mo	
22c. DATE SIGNED 10/15/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-18-1963	
23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		23d. LOCATION (City, town, or county) Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 10-16-63	
26. REGISTRAR'S SIGNATURE Bessie Smith			

DOCUMENT

BY AFFIDAVIT OF
Selbert G. Chen
MEDICAL CERTIFICATION

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4954

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.